MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		/		/		
5		/		/		
6		/		/		
7		①		⓪		
8		2		/		
9		/		/		
10		2		/		
11		2		/		
12		⓪		/		
13				⓪		
14				/		
15				/		
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50						
TOTAL IND.	2		2			
TOTAL DEP.	13		14			
TOTAL CLAIMS	15		16			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1 (circled)						
2		1		1		
3 (circled)						
4		1		1		
5				1		
6		1		1		
7				2		
8				1		
9		1		1		
10				1		
11		1		1		
12				1		
13				2		
14				1		
15				1		
16 (A)				1		
17						
18						
19						
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TOTAL IND.	2					
TOTAL DEP.	16					
TOTAL CLAIMS	18					

Claim	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						